

Requesting a Re-determination

If your first request for a coverage determination is denied, you have the right to ask for a re-determination. This includes asking for drugs that are not on our list of covered drugs. This is called an appeal. You must ask for an appeal within 60 calendar days of the first denial. You can ask for more time if you have a good reason for missing the deadline.

You may ask for an exception if you believe you need a drug that is not on our drug list. You may also ask us for exceptions to the following rules:

- Prior authorization
- Step therapy
- Quantity limit

You may also ask for a tiering exception if you think you should get a drug at a lower cost-sharing amount. Your doctor must tell us why you need this exception.

You, your doctor, or your representative may ask for an urgent or standard appeal by:

- Calling Molina Healthcare using the number on the back of your Molina ID card
- Mailing your appeal to Molina Healthcare at 7050 Union Park Center, Suite 600 Midvale, Utah 84074
 - Include your name, address, Member ID number, and the reason for your appeal

If your appeal is about a drug that is not on our list of covered drugs, your doctor must say that all the other drugs on the list will not work for you. We will then look at your case. If your appeal is denied, you can ask to have someone outside of Molina Healthcare look at it. If you disagree with their decision, you ask for another appeal. You will be told about your appeal rights if this happens.

NOTICE OF NON-DISCRIMINATION

Senior Whole Health of New York complies with Federal civil rights laws. **Senior Whole Health of New York** does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Senior Whole Health of New York provides the following:

- Free aids and services to people with disabilities to help you communicate with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Free language services to people whose first language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, call **Senior Whole Health of New York** at 833-671-0440. For TTY/TDD services, call 711.

If you believe that **Senior Whole Health of New York** has not given you these services or treated you differently because of race, color, national origin, age, disability, or sex, you can file a grievance with **Senior Whole Health of New York** by:

Mail: 15 Metrotech Center 11th Floor, Brooklyn, New York 11201,
Phone: 877-353-0185 (for TTY/TDD services, call 711)
Fax: 855-838-7998
In person: 15 Metrotech Center, 11th Floor, Brooklyn, New York 11201
Email: SWHNYGandA@MolinaHealthcare.com

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by:

Web: Office for Civil Rights Complaint Portal at
<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
Mail: U.S. Department of Health and Human Services
200 Independence Avenue SW., Room 509F, HHH Building
Washington, DC 20201
Complaint forms are available at
<http://www.hhs.gov/ocr/office/file/index.html>
Phone: 1-800-368-1019 (TTY/TDD 800-537-7697)

<p>ATTENTION: Language assistance services, free of charge, are available to you. Call 877-353-0185 TTY/TDD 711.</p>	<p>English</p>
<p>ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 877-353-0185 TTY/TDD 711.</p>	<p>Spanish</p>
<p>注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 877-353-0185 TTY/TDD711.</p>	<p>Chinese</p>
<p>ملحوظة: إذا لقيت صعوبة في فهم الخدمات المساعدة اللغوية فتفضل بالرجوع إلى رقم الهاتف 877-353-0185 (TTY/TDD 711)</p>	<p>Arabic</p>
<p>주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다 877-353-0185 TTY/TDD711 번으로 전화해 주십시오.</p>	<p>Korean</p>
<p>ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 877-353-0185 (телетайп: TTY/TDD 711).</p>	<p>Russian</p>
<p>ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 877-353-0185 TTY/TDD 711.</p>	<p>Italian</p>
<p>ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 877-353-0185 TTY/TDD 711.</p>	<p>French</p>
<p>ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 877-353-0185 TTY/TDD711.</p>	<p>French Creole</p>
<p>אויפמערקזאם: אויב איר רעדט אידיש, זענען פארהאן פאר אייך שפראך הילף סערוויסעס פריי פון אפצאל. רופט 877-353-0185 TTY/TDD 711</p>	<p>Yiddish</p>
<p>UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 877-353-0185 TTY/TDD 711</p>	<p>Polish</p>
<p>PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 877-353-0185 TTY/TDD 711.</p>	<p>Tagalog</p>
<p>লক্ষ্য করুনঃ যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন ১-৮৭৭-৩৫৩-০১৮৫ TTY/TDD 711</p>	<p>Bengali</p>
<p>KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 877-353-0185 TTY/TDD 711.</p>	<p>Albanian</p>
<p>ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 877-353-0185 TTY/TDD 711.</p>	<p>Greek</p>
<p>ضہرداری! اگر آپ اردو بولتے ہیں تو آپ کو زبان کی مدد کی خدمات مفت ہیں۔ یہ سہولتیں کرایہ کے بغیر 877-353-0185 TTY/TDD 711</p>	<p>Urdu</p>